2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N97000000757

1. Entity Name



Feb 04, 2008 8:00 am Secretary of State 02-04-2008 90063 030 ****61.25

FILED

WHISPER INC.	RING CRANE HOMEOWN	ERS' ASSOCIATIO	N,					
3885 CANOPY WAY		Mailing Address 3885 CANOPY WAY SARASOTA, FL 342						nini strati
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302008 Cr	ng-NP C	R2E037 (12/06)		
City & State		City & State			4. FEI Number 65-073020	2		oplied For
Zip	Country	Zip	Cou	intry	5. Certificate of St		\$8.75 Add	litional
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Curren	t Registered Agent		·	7. Name and Add	ress of New Regis		
_ ~			Name					
MORRIS,				Street Address	s (P.O. Box Number is I	Vot Acceptable)		
	IOPY WAY FA, FL 34235			Street Address	a (1.0. DOX NUMBER 13.			
	£			City		··· • · ₁₅ .	FL Zip Code	e
	e named entity submits this statement	for the purpose of changing	its registere	ed office or regis	tered agent, or both, in	the State of Florida	t am familiar with,	and accept
the colligat	tions of registered agent.							
SIGNATURE			HOYE B.				DATE	
	Signature, typed or printed name of registered age	nt and the it applicable. (NOTE: Hagistere	d Agent signature requ	ired when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2008		- Campaign F nd Contributi		\$5.00 May Be Added to Fees		check payable to Department of St	
10.		Trust Fur				Florida	Department of St	tate
10.	OFFICERS AND D	Trust Fur	11.	ion.	Added to Fees	Florida	Department of St	tate
TITLE NAME	OFFICERS AND D VD HOLMANN, ROLF	Trust Fur	11.	E E	Added to Fees	Florida	Department of SI	tate
TITLE NAME STREET ADDRESS	OFFICERS AND D VD HOLMANN, ROLF 3959 SERENITY CIRCLE	Trust Fur	11. IIILE NAM. STRE	E EET ADDRESS	Added to Fees	Florida	Department of SI	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D VD HOLMANN, ROLF 3959 SERENITY CIRCLE SARASOTA, FL 34235	Trust Fur	11. IIILE NAM. STRE	E E E E E ADDRESS -SI-ZIP	Added to Fees	Florida	Department of SI	I 10 Addition
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indicated on this report or supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _ Daytime Phone #